maturation media for 6-8 hours, placing them in nocodazole (1 μg/ml in maturation media) for 2 hours, and then immediately processing them for immunofluorescence.

Immunofluorescence

In vivo/vitro-matured oocytes or fertilized eggs were fixed in PBS with 3.7% formaldehyde for 10 minutes at room temperature. Oocytes were then stained for one hour in dark at room temperature in PBS containing 1 unit/ml Alexa 594 Phalloidin (Molecular Probes), 5ug/ml Hoescht (Sigma), and a 1:100 dilution of monoclonal anti-β tubulin FITC conjugate (clone DM1A, Sigma). Next, oocytes were washed for five minutes at room temp in PBS, mounted on slides with Prolong Antifade (Molecular Probes), and photographed using a Zeiss Axioplan 2 microscope and a 3CCD camera (Model DC336, MTI).

What is claimed is:

1. A method for determining whether a patient has an increased risk for recurrent pregnancy loss, said method comprising determining whether a *formin-2* gene of said patient has a mutation, wherein a mutation indicates that said patient has an increased risk for recurrent pregnancy loss.

2. A method for determining whether a patient has an increased risk for recurrent pregnancy loss, said method comprising measuring formin-2 biological activity in said patient or in a cell from said patient, wherein decreased levels in said formin-2 biological activity, relative to normal levels, indicates that said patient has an increased risk for recurrent pregnancy loss.

3. A method for determining whether a patient has an increased risk for recurrent pregnancy loss, said method comprising measuring formin-2 expression in said patient or in a cell from said patient, wherein decreased levels in said formin-2 expression relative to normal levels, indicates that said patient has an increased risk for recurrent pregnancy loss.

4. The method of claim 3, wherein said formin-2 expression is determined by measuring levels of formin-2 polypeptide.

5. The method of claim 3, wherein said formin-2 expression is determined by measuring levels of *formin-2* RNA.

6. A method for determining whether a person has an altered risk for recurrent pregnancy loss, comprising examining the person's *formin-2* gene for polymorphisms, wherein the presence of a polymorphism associated with recurrent pregnancy loss indicates the person has an altered risk for recurrent pregnancy loss.